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## APPLICANTS

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 \*\* CONTINUING DATA *None MB* \*\*\*\*\*

 \*\* FOREIGN APPLICATIONS *None MB* \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 03/28/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no Allowance	STATE OR COUNTRY ISRAEL	SHEETS DRAWING 7	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 1
Verified and Acknowledged	Examiner's Signature <i>MB</i> Initials				

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## TITLE

System for transvaginal drug delivery

FILING FEE  RECEIVED 435	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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